

Mail to:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

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MAY 03 2007

2007 SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2006 or most recent fiscal year

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

07.01415

Administrative Information (Please enter all the information requested below)

Facility Name: FISH SPRINGS NATIONAL Wildlife Refuge
Facility Mailing Address: P.O. Box 568
(Number & Street, Box and/or Route)
City: DUGWAY Zip Code: 84022
County: JUAB

Owner

Name: U.S. Fish & Wildlife Ser. Phone No.: (435) 831-5353
Mailing Address: SAME
(Number & Street, Box and/or Route)
City: SAME State: _____ Zip Code: _____
Contact's Name: JAY BANTA Title: REFUGE MANAGER
Contact's Mailing Address: SAME
Phone No.: () SAME Contact's Email Address: jay_banta@fws-90 ✓

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: () _____
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____ State: _____ Zip Code: _____
Contact's Name: _____ Title: _____
Contact's Mailing Address: _____
Phone No.: () _____ Contact's Email Address: _____

Facility Type and Status

☐ Class I ☐ Class IIIb ☐ Class V
☒ Class II ☐ Class IVa ☐ Class VI
☐ Class IIIa ☐ Class IVb

Does the facility have a construction and demolition (C/D) cell as part of the permit (not operated under a separate permit number)? Yes _____ No X

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total tons received at facility for disposal:

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	<u>4.3</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial				<input type="checkbox"/>	<input type="checkbox"/>
C/D ¹	<u>25</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

- ☐ No conversion factors used
☐ Conversion factor from rules (R315-302-2(4)(c)) used
☐ Site specific conversion used Please list: _____

Recycling

Tons Recycled: 1.8 Tons/Cubic Yds
(Should not be included in the tons or cubic yards (please circle correct units) disposed above also excludes waste diverted to compost.
Compost should be reported on separate form.)

Utah Disposal Fee

Disposal Fee Required

Yes ☐ No ☒

Fee Type

Per Ton ☐ Annual ☐

Disposal Fee Paid

Municipal \$ _____
Industrial \$ _____

C/D \$ _____
Annual \$ _____

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

Current Financial Assurance Mechanism: GOVERNMENT
(ie. Bond, Trust Fund, Corporate or government Test etc.)

Financial Assurance Mechanism Holder: _____
(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: _____

Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring ☒

Explosive Gas Monitoring: A gas monitoring report must be included unless the facility is a Class II landfill that has receive an exemption, a Class III, IV, or VI landfill, or any other facility that has an exemption. Check box if facility is exempt from gas monitoring ☒

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: _____

Date: 09-17-07

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: JAY K. BANTA Title: REFUGE MANAGER